

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11821

1. Entity Name

RICHARD LEVINE & ASSOCIATES, ARCHITECTS. & DESIGNERS, P.A.

Principal Place of Business

Mailing Address

3814 N.E. Miami Ct.
Miami, FL 33137

same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2255831

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Arnold Nevins, Esq.
46 S.W. 1st Street
Miami, FL 33130.

Name Paul M. Cummings, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue, Suite 400

City Miami FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW IN FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME Levine, Richard
STREET ADDRESS 3814 N.E. Miami Court
CITY-ST-ZIP Miami, FL 33137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME Calderin, Jose
STREET ADDRESS 3814 N.E. MIAMI CT
CITY-ST-ZIP MIAMI, FLA 33137

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 DEC 10 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)